CONSUMER PROFILE

Default ☐

Name Type _____ Name Prefix Mr.☐ Miss ☐ Mrs.☐ Ms.☐

Last Name _____ First Name _____

Middle Name _____ Name Suffix Esq ☐ MA☐ MD☐ PhD☐ RN☐

Generation Jr.☐ Sr.☐ I ☐ II☐ III☐ IV☐ V☐

Begin Date _____ End Date _____

ADDRESS

Address Type _____ **Default** ☐

Address Line 1 _____ Township _____

Address Line 2 _____

City _____ State _____

Zip Code _____ County of Liability _____

County of Residency _____ E-mail Address _____

Begin Date _____ End Date _____

TELEPHONE

Phone Type _____ **Default** ☐

Phone Number (_____) _____ EXT _____

Begin Date _____ End Date _____

DEMOGRAPHICS

Gender M☐ F☐ Other☐ Marital Status _____

Number of Dependents _____ Residential Living Arrangements _____

Legal Status _____ Military Status Active☐ Inactive☐ N/A☐

Occupation Type _____ Employer _____

Employment Type _____ Date Retired _____

Citizenship _____ Hispanic Origin _____

Dependents under 18 _____ Dependents 18 & older _____

Race _____ Ethnicity _____

CONSUMER PROFILE

PR / ADP / CBO 3 / 28 / 2007

Consumer Profile: Located in Sharecare Main Menu / Access / Consumer / Profile

CONSUMER PROFILE

	Language	Speaking Proficiency	Reading Proficiency	Primary	Preferred
Language	_____	High☐ Low☐ Med☐	High☐ Low☐ Med☐	☐	☐
Language	_____	High☐ Low☐ Med☐	High☐ Low☐ Med☐	☐	☐

	Education	Institution	Degree
Education	_____	_____	_____

	Population	Begin Date	End Date
Population	_____	_____	_____

INDENTIFICATION

System of Care _____

Date of Birth _____

Social Security _____

Client Index Number _____

Alternative Consumer ID _____

Driver's License Number _____ Driver's License State _____

Mother's Last Name _____ Mother's First Name _____

Country of Birth _____ State of Birth _____

County of Birth _____

Deceased ☐ Date of Death _____

Notes _____

_____

CSI PERIODIC MENTAL HEALTH ONLY

Date Completed _____ Date Reported _____

Employment Status _____ Axis V (GAF Score) _____

Legal Status (Conserv/Court) _____ Education _____

Living Arrangement _____ Developmental Disabilities ☐Yes ☐No ☐Unknown

Physical Health Disorders ☐Yes ☐No ☐Unknown/Not Reported

Substance Abuse ☐Yes ☐No ☐Unknown/Not Reported

Dependents under 18 _____ Dependents 18 or Older _____

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